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TAB

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SECRET (WHEN FILLED IN)

POSITION-LANGUAGE CONTROL FORM

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TO: PMCD/OP ROOM 405, MAG. BLDG

FROM:

PREPARED BY:

LANGUAGE REQUIREMENTS FOR:

PAGE ___ OF ___

DATE _____

APPROVED

LANGUAGE DESIGNATED POSITIONS

ADD, CHANGE DELETE	TYPE G - S	NUMBER REQUIRED	LANG CODE	AND/ OR	LANGUAGE CLEAR TEXT	PROFICIENCY REQ. READ	WRITE	SPEAK	POSITION NUMBER	POSITION TITLE

LANGUAGE RECAP

REMARKS:

MINIMUM NUMBER OF PERSONNEL TO FULFILL TOTAL REQUIREMENTS

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